

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

232-61-024527  
STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>COLE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>OSAGE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON CITY</b>		Length of stay in 1b	c. CITY OR TOWN <b>LINN MO</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Char. E Still Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>LEO</b> Last <b>BRANDT</b>	4. DATE OF DEATH Month <b>AUGUST</b> Day <b>8</b> Year <b>1961</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/7/1888</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>merchant and farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>store-keeper, farm</b>	11. BIRTHPLACE (City and state or country) <b>Linn Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Peter H. Brandt</b>	13b. MOTHER'S MAIDEN NAME <b>Christine Schammer</b>	14. NAME OF HUSBAND OR WIFE <b>Regina Schaefer Brandt</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	17. INFORMANT <b>Francis Brandt Bonnots Mill Mo</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocardial failure</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Congestive heart failure</b>		
DUE TO (c) <b>arteriosclerosis</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>post. gastroenterostomy 8/3</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Linn Mo</b>	COUNTY <b>Linn</b>	STATE <b>Mo</b>
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21. I attended the deceased from **8/1/61** to **8/8/61** and last saw <sup>her</sup>him alive on **8/8/61**  
Death occurred at **3:28 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>R. A. Michael D.O.</b>	22b. ADDRESS <b>Jefferson City</b>	22c. DATE SIGNED <b>8/9/61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>8/10/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St George Cemetery</b>	23d. LOCATION (City, town, or county) <b>Linn Mo</b>
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24. FUNERAL DIRECTOR <b>Clyde Morton</b>	ADDRESS <b>Linn Mo</b>	25. DATE RECD. BY LOCAL REG. <b>9 August 1961</b>	26. REGISTRAR'S SIGNATURE <b>R.P. Davis, M.D. - W. Pfeiffer D.P.</b>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

APR 26 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Omec Haskup Jones

Licensed Embalmer No. 4411

P. O. Address Belle Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.